

1 Ulceration of the Larynx

2 Malformation of Arm.

by

W. Allen Sturge

[Trans. Pathological Soc: London 1880]



*Ulceration of the larynx due to congenital syphilis.*

By W. ALLEN STURGE, M.D.

CHARLES B—, æt.  $3\frac{1}{2}$ , was brought to the Royal Free Hospital on August 12th, 1879, suffering from great dyspnœa, evidently due to some obstruction in the larynx or upper part of the trachea. The breathing was stridulous; inspiration and expiration equally difficult; the voice was a harsh whisper; the face flushed and cyanotic.

It was ascertained by subsequent inquiry that the father had contracted syphilis about two years before marriage, and had suffered severely from secondary symptoms, one of the manifestations having been a bad attack of laryngitis, which for three months prevented him from speaking louder than in a whisper. No history of syphilis in the mother could be ascertained. She had had four children, of whom two were still living. Of the others, one had died at the age of 18 months of inflammation and bronchitis; the other was born dead at the full term. She had never miscarried. The present child suffered badly from snuffles when a baby, and he had some sores about the body, for which he was prescribed a dark-coloured ointment, which was to be rubbed into the arm-pits at night. He apparently got quite well under this treatment, but when about 12 months old he had an attack in which he lost his voice for a short time. From this he recovered completely for a time, but six months later he again lost his voice, and had difficulty in breathing. He had never recovered from this condition.

The bridge of the child's nose was somewhat sunken, but there were no other signs of syphilis at the time of his admission to the Royal Free Hospital.

Inunction with Unguentum Hydrargyri was ordered, and it was especially directed that some of the ointment should be rubbed into the skin over the larynx and trachea.

Under the treatment the breathing became much easier. It was less noisy, and the mother said that he slept much more comfortably than before. Previously he frequently appeared at night to be choking, but this had become much less marked. She was bringing him up to the hospital on March 5th, 1880, when a violent gust of wind seemed to take away his breath, and though she carried him into a chemist's shop close by, he was dead before any assistance could be rendered.

*Post-mortem.*—The mucous membrane covering the left half of the epiglottis and the left arytaeno-epiglottidean fold were much swollen, the swelling being sharply defined by the median line in front, and extending downwards to the rima glottidis. The true and false vocal cords on both sides were extensively ulcerated, the superior being more diseased on the left than the right side, the inferior more so on the right than the left side. The left inferior cord was much swollen as well as ulcerated.

Extensive ulcerations extended both upwards and downwards from the cords. The ulceration above the cords was apparently of older date than that below them; it was partly cicatrized, and had given rise to deep fissures in the mucous membrane, the fissures being symmetrical on the two sides. The ulceration below the cords was more superficial, but at the same time more widespread than that above them. There were fewer evidences of cicatrization, but there were two moderately deep fissures opposite the cricoid cartilage, and just below this point there was a slight contraction of the upper end of the trachea.

Projecting from the ventricle, between the true and false cords on each side of the larynx, was a smooth, white, opaque membrane-like structure, which nearly filled up the ventricle. A section across one ventricle proved that these bodies were solid, and attached to the mucous membrane at the deepest part of the ventricle; they appeared to be outgrowths from the mucous membrane. There was no sign of inversion of the ventricles. The outgrowths, which were quite free from any connection with the vocal cords, passed from the posterior extremity of the ventricles to the anterior commissure of the larynx, across which they communicated with one another by a thin narrow band, which presented a small, regularly shaped projecting tongue of membrane at its central part. The outgrowths appeared to be the result of congenital malformation rather than of the disease which had caused the ulceration and cicatrization of other parts of the mucous membrane. Their regular shape, bilateral symmetry, communication across the median line anteriorly by a firm, well-formed membrane, and the mode in which they were connected with the mucous membrane, all argued in favour of the former hypothesis.

*April 10th, 1880.*